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Book Review

Tracking Medicine: A Researcher's Quest to Understand Health Care

By John E. Wennberg

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The title of this book hints at a personal history: "researcher's quest ...." Yet, John Wennberg has been the dominant force over several decades in studies to describe and understand American medicine. Thus, this personal narrative is also an excellent summary of our current understanding of US health care.

Wennberg starts with an overview of how he views American medical care and the forces responsible for the current system. He then shifts to an historical approach, describing his research into practice variations from the late 1960s until 2010. There is a chapter describing his work in Vermont on the large variation from town to town in tonsillectomy rates, which stimulated a wider investigation of how surgery rates vary by geography. He develops the concept of "preference-sensitive surgery"—those procedures that vary widely from one location to the next, suggesting a lack of national consensus on the indications for such procedures. He then proceeds to make the case that the major driver of rates for these preference-sensitive surgeries is the supply of surgeons who perform them.

This work in turn led to the development of the broader concept of supply-sensitive care—the theory that the supply of hospitals, intensive care units, and medical and surgical subspecialists drives the demand for and utilization of those services. It is stated in its most simple form as Roemer's Law (after the health services researcher Milton I. Roemer): "... in an insured population, a hospital bed built is a bed filled" (http://www.ph.ucla.edu/pr/miroemer.html). This line of thinking stood classical economic theory on its head—supply driving demand rather than vice versa. Indeed, its rather rapid acceptance as the dominant method of understanding practice variations still puzzles some medical economists.

Wennberg is the father of studies of small- and large-area variation in medical practice. His greatest contribution was to use administrative data (initially, hospital discharge data and later, billing data from Medicare) to simply and clearly demonstrate large variations in the use of certain procedures from one town to the next and from one area of the country to another.

This book provides an excellent history of the 40-plus years of work by Wennberg and others in this area. I was somewhat surprised by the "we don't get no respect" tone, the oft-repeated message about how difficult it was for his ideas to find traction. After all, Wennberg's first paper on small-area variation was published in *Science*, followed by a steady stream of publications in *JAMA*, the *New England Journal of Medicine*, and other prestigious journals. From relatively early on, the Dartmouth group received substantial and sustained funding for their work from the Robert Wood Johnson Foundation, the federal government, and other sources. An entirely different narrative tone could have evolved from these same events—more celebratory than underappreciated.

The last part of the book outlines the author's ideas about appropriate paths for reforming the health-care system. His major goals are to improve quality while decreasing overuse. The 2 methods he proposes are promotion of more organized medical care (e.g., large physician groups and hospital groups) and widespread implementation of a shared decision-making model in medical care. "Reducing unwarranted variations requires a painful transition from today's chaotic, disorganized care to systems of organized care and a cultural change from patient dependency on the authority of the physician to the democratization of the doctor-patient relationship" (p. 13).

Few would disagree with a call for more organization. It is not clear how the entrenched patterns of overutilization can be changed without strong organizational controls. Many, including myself, see the British Health Service as a model that can most seriously address the issues of quality and efficiency.

On the other hand, I found puzzling the assumption that shared decision-making would have a profound impact on overutilization and geographic variation. Wennberg's view of American medicine as autocratic and paternalistic does not seem to have evolved over the past 4 decades, a period during which the role of the physician has undergone marked changes. The clear growth in patient involvement in decision-making has not been accompanied by any lessening of overutilization. The assumption that the informed, empowered patient will not overutilize medical services flies in the face of studies (some from the Dartmouth group which Wennberg founded) showing patient demand driving overutilization of cancer screening and other services. Given the widespread public ownership of medical issues, meaningful reductions in overutilization will require much more than reform that limits the role of the physician.

In the end, Wennberg comes up against a universal reality: Describing a complex problem, though challenging, is much easier than fixing it.

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